



INPATIENT MEDICATIONS (IM) SUPERVISOR'S USER MANUAL

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Supervisor's Manual

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Introduction

The Inpatient Medications package is part of the Computerized Patient Record System (CPRS). It provides a method of management, dispensing, and administration of inpatient drugs within the hospital. Inpatient Medications combines clinical and patient information that allows each medical center to enter orders for patient, dispense medications by means of Pick Lists, print labels, create Medication Administration Records (MARs), and create Management Reports.

Supervisor's Menu

[PSJU FILE]

Allows the user (coordinator) to edit the various files, and perform certain functions, needed for the basic running of the Inpatient Medications package.

Administering Teams

[PSJU AT]

This option allows you to add and edit the names and room-bed numbers associated with the administering teams (carts) on each ward. Since a number of teams might be required to administer medication to one ward depending on the size of the ward and the shift, this option provides a way of defining these teams. The MEDICATION ADMINISTERING TEAM file (#57.7) contains this information.

It would be helpful to have lists of all wards and associated beds from MAS. These lists will allow you to easily break-down wards by room-bed numbers for team assignment.



Note: You will not be able to enter a room-bed number into more than one team.

MANagement Reports Menu [PSJU MNGMT REPORTS]

This option is used to print various reports using data generated by the Unit Dose software module. There are five reports that can be printed using this option. All of the reports are printed in an 80-column format. It is advisable to queue these reports whenever possible.

AMIS (Cost per Ward) [PSJU AMIS]

This report will show the dispensing cost of the pharmacy by ward. Only those wards with a dispensing amount or cost are shown.

You can enter the start and stop dates of the timespan covered by this AMIS report. The start and stop dates can be the same—in effect, a one-day report. The stop date cannot come before the start date.

If there are any pick lists that need to be filed away for this report to be accurate, there will be a warning on your screen after you enter the dates listing the pick lists.

Drug (Cost and/or Amount) [PSJU DCT]

This report calculates the total cost for all or selected drugs dispensed over a specific time frame of at least one calendar day. The information from this report can be sorted alphabetically by drug name, by descending order of total cost, or by descending order of total amount dispensed. The information for the report can be limited by a minimum total cost and a minimum amount dispensed.

You must enter the start and stop dates of the timespan covered by this Drug Cost report as they are required. The start and stop dates can be the same—in effect, a one-day report. Non-formulary items will be designated on the report by two asterisks (**) preceding the dispense drugs.

You will also encounter the following prompts:

“Select by Ward? (Y/N):? NO//”

Enter **yes** to include dispensing amounts and cost by ward.

“Select drugs by DISPENSE DRUG, ORDERABLE ITEM, or VA CLASS:”

Enter the category that the report will be sorted by:

- D** Dispensed Drug
- P** Orderable Item
- V** VA Class

“Select <PREVIOUSLY SELECTED SORT CATEGORY> drug: ALL//”

Enter **A** (or press RETURN) to show all drugs on this report. Enter **S** to choose which drugs you want to show on this report. If you choose to select which drugs will print, you will not be prompted for lower limits for cost or dispensed units.

“Sort drugs by <PREVIOUSLY SELECTED SORT CATEGORY>, COST, or AMOUNT DISPENSED?”

What I have shown here as <PREVIOUSLY SELECTED SORT CATEGORY> will show on the screen as DISPENSED DRUG, ORDERABLE ITEM, or VA CLASS, depending on what was selected in answer to the first prompt in this list. Enter **D**, **P**, or **V** to have this report print the drugs in alphabetical order of the Dispensed Drug name, Orderable Item name, or VA Class; enter **C** to have this report print the drugs in descending order of Total Cost; or enter **A** to have this report print the drugs in descending order of the Amount Dispensed (in units).

“Print all drugs costing at least?”

Enter a number, representing a dollar amount, to be the lower limit for this report. This number can be zero (0) to include all drugs with a positive cost. A null response will include all drugs.

“Print all drugs with a dispensing amount of at least?”

Enter a number to be the lower dispensing limit (inclusive) for this report. This number can be zero (0) to include all drugs with a positive dispensing amount. A null response will include all drugs.

Patients on Specific Drug(s) **[PSJ PDV]**

This report lists patients on specific Orderable Items, dispense drug(s), or VA class(es) of drugs. You are first prompted for the start and stop dates. Orders that are active between these two dates will be listed on the report. The user then has the choice to see only IV orders, Unit Dose orders, or both types of orders. These orders may be sorted by patient name or by the start date of the orders. You must choose whether you wish to sort by Orderable Items, dispense drug, or VA class of drugs. You may then choose one or multiple drugs or classes. If a single drug or class is chosen, the orders for that drug or class will be listed. If multiple drugs or classes are chosen, the patient must have an order for each of the drugs or classes for the patient and their orders to print. For example: Patient A has an order for ACETAMINOPHEN, patient B has an order for ASPIRIN, and patient C has orders for both. If you choose two Orderable Items (ACETAMINOPHEN TAB and ASPIRIN TAB), only Patient C's order would be printed.

Provider (Cost Per) **[PSJU PRVR]**

This report will print the cost of all drugs dispensed within a user-specified length of time, grouped together by provider. You can enter the start and stop dates of the range of dates for this Provider Report to run. The report will show a sub-total for each provider and the total cost for all providers at the end of the report. A report can be printed for one or more specific providers or for all providers. Also, you can start a new page for each provider.

Service (Total Cost Per) **[PSJU SCT]**

This report prints the total cost of dispensed medications for ward services (medicine, surgery, etc.) over a user-specified time-frame. The report provides the total number of units dispensed, the total cost of those units dispensed, and the average cost of each unit dispensed on a service-by-service basis.



Note: The software looks in the WARD LOCATION file (#42) to determine to which service a ward is assigned. If a ward has Unit Dose cost and/or amount but is not assigned to a service, that ward will print at the end of the report.

**Total Cost to Date (Current Patients)
[PSJU TCTD]**

This report will show the total cost of the Unit Dose dispensed items for patients that are currently admitted at the medical center. The user can generate this report by ward groups, wards, or individual patients. If the user chooses to print this report for individual patients, then an unlimited number of patients can be selected.

Order Set Enter/Edit [PSJU OSE]

Order Sets are created and edited using this option. An order set is a group of any number of pre-written orders. The maximum number of orders is unlimited.

Order sets are used to expedite order entry for drugs that are dispensed to all patients in certain medical practices or procedures. Order sets are designed to be used when a recognized pattern for the administration of drugs can be identified. For example:

- A pre-operative series of medication administered to all patients that are to undergo a certain surgical procedure
- A certain series of drugs to be dispensed to all patients prior to undergoing a particular radiographic procedure
- A certain group of medications prescribed by a physician for all patients that he treats for a certain medical ailment or emergency.

The rapid entering of this repetitive information using order sets will expedite the whole order entry process. Experienced users might want to set up their more common orders as individual order sets to expedite the order entry process.

Once the orders have been entered through an order set, they are treated as individual orders, and can only be acted upon as such.

PARameters Edit Menu

[PSJ PARAM EDIT MENU]

This option is used to edit various parameters within the Unit Dose software module.

Options available are:

AUto-Discontinue Set-Up

[PSJ AC SET-UP]

This option allows the site to set up a patient's inpatient (Unit Dose and IV) orders to be discontinued when the patient is transferred between wards, between services, or to authorized absence.

The decision to discontinue inpatient orders is determined by the site, on a ward-by-ward (or service-by-service) basis. While this new process will entail extra set up on the site's part initially, it will allow the site almost complete control of the auto-discontinue process.

The set up for this process involves three main steps:

- 1. Choose or reject Auto-Discontinue for all sites:** If your site wishes to have inpatient orders discontinued on all or most ward transfers, you can have the module automatically set up all wards as FROM and TO wards for you, saving some time. If you choose to do this, even wards currently marked as inactive will be included. If you choose to do so, you can still delete, edit, or add FROM and TO wards at any time. See step 2D for further information.
- 2. Ward transfers:** Select a FROM ward. This is a ward from which a patient can be transferred. For each FROM ward, you can:
 - A.** Select an ON PASS action. This is the action the Inpatient Medications package will take on a patient's orders whenever the patient is transferred from the selected FROM ward to authorized absence less than 96 hours (known as ON PASS). The possible actions are:
 - discontinue the orders
 - place the orders on hold
 - take no action

- B. Select an “AUTHORIZED ABSENCE” action. This is the action the Inpatient Medications package will take on a patient’s orders whenever the patient is transferred from the selected FROM ward to authorized absence greater than 96 hours. The possible actions are:
- discontinue the orders
 - place the orders on hold
 - take no action
- C. Select an “UNAUTHORIZED ABSENCE” action. This is the action the Inpatient Medications package will take on a patient’s orders whenever the patient is transferred from the selected FROM ward to unauthorized absence greater than 96 hours. The possible actions are:
- discontinue the orders
 - place the orders on hold
 - take no action
- D. Select the TO wards. Whenever a patient is transferred from the selected FROM ward to any of the selected TO wards, the patient’s IV and Unit Dose orders will be discontinued. For example, if 1 NORTH is selected as a FROM ward and 1 SOUTH is selected as a TO ward, any time a patient is transferred from 1 NORTH to 1 SOUTH, the patient’s Inpatient orders will be discontinued. This process is one way only. For example, if your site also wants orders to be discontinued whenever a patient is transferred from 1 SOUTH to 1 NORTH, you will have to enter 1 SOUTH as a FROM ward and then enter 1 NORTH as one of its TO wards.

3. **Service transfers:** Select a FROM service. This is a service from which a patient can be transferred. For each FROM service, you can select the TO services. Whenever a patient is transferred from the selected FROM service to any of the selected TO services, the patient’s IV and Unit Dose orders will be discontinued. For example, if MEDICINE is selected as a FROM service and ICU is selected as a TO service, any time a patient is transferred from Medicine to ICU, the patient’s Inpatient orders will be discontinued.

This process is also one way only. For example, if your site also wants orders to be discontinued whenever a patient is transferred from ICU to Medicine, you will have to enter ICU as a FROM service and then enter MEDICINE as one of its TO services.

If all of your wards are set for auto-discontinue, it is not necessary to enter services.

IUP Inpatient User Parameters Edit [PSJ SEUP]

This option allows the supervisor to edit Inpatient User parameters that cannot be edited by the user himself. The supervisor can allow auto-verification for individual nurses and pharmacists, choose who, besides pharmacists, can select dispense drugs (instead of just primary drugs), choose which pharmacy technicians or ward clerks can renew, hold, or discontinue orders, and select the order entry process for each user (regular, abbreviated, or ward).

The prompts that appear for each user are dependent on which of the following security keys the user holds:

- **PSJ RPARM** identifies the user as a Pharmacist
- **PSJ RNURSE** identifies the user as a Nurse
- **PSJ PHARM TECH** identifies the user as a Pharmacy Technician

Users who do not hold any of these keys are seen as ward clerks. If a user is assigned more than one of these keys, the pharmacist key supersedes the other keys; the nurse key supersedes the pharmacy technician key.

A user's status as a provider does not affect this option. The prompts shown for a provider will be based on which of the above security keys he/she holds. For example, if a provider is also a nurse, the prompts that appear will be those for a nurse.

All Users

The supervisor will see the following prompt for all users:
"ORDER ENTRY PROCESS"

This is the type of order entry process to be used by this user. Selections available are Regular, Abbreviated, or Ward order entry.

Regular order entry is the full set of prompts for the entry of an order, after which the user is shown a full view of the order and allowed to take immediate action on the order.

Abbreviated order entry gives the user fewer prompts for the entry of an order, after which the user is shown a full view of the order and is allowed to take immediate action on the order.

Ward order entry gives the user the same prompts as the Abbreviated order entry, but then gives a brief view of the entered order and does not allow immediate action to be taken on the order.

If no entry is made here, it will be interpreted as Regular order entry.

Pharmacist

In addition to the “ORDER ENTRY PROCESS” prompt, the supervisor will see the following prompt for pharmacists:

“ALLOW AUTO-VERIFY FOR USER”

If this parameter is **yes**, when this user enters an order the order is automatically entered as ACTIVE. Unless ward order entry is used, the user will then have an opportunity to delete or edit the order immediately after it is entered.

Nurse

Since the nurse is not automatically given authority to select the strength and dose form of the medication to be dispensed, the supervisor will see the following prompt, for nurses, in addition to the “ORDER ENTRY PROCESS” and “ALLOW AUTO-VERIFY FOR USER” prompts given for pharmacists:

“MAY SELECT DISPENSE DRUGS”

If this is set to **yes**, the user can select the *dispense drug* for an order. If this is set to **no** (or not set), the user can only select the *orderable item*.

Pharmacy Technician or Ward Clerk

The PSJ PHARM TECH key does not affect the prompts of this option. The supervisor will see the same prompts for a pharmacy technician as for a ward clerk. Since the pharmacy technician and ward clerk are not given authority to verify orders, the supervisor will not see the “AUTO-VERIFY” prompt. He/she will see the following three prompts in addition to “MAY SELECT DISPENSE DRUGS” and “ORDER ENTRY PROCESS”:

“ALLOW USER TO RENEW ORDERS”

If this is set to **yes**, the user can actually renew orders. If this is set to **no** (or not set), the user can only mark orders to be renewed by someone else.

“ALLOW USER TO HOLD ORDERS”

If this is set to **yes**, the user can actually hold/unhold orders. If this is set to **no** (or not set), the user can only mark orders for hold/unhold.

“ALLOW USER TO D/C ORDERS”

If this is set to **yes**, the user can actually discontinue orders. If this is set to **no** (or not set), the user can only mark orders to be discontinued by someone else.



Note: Any changes made will not take effect for the corresponding users until those users completely exit and re-enter the system.

IWP Inpatient Ward Parameters Edit
[PSJ IWP EDIT]

This option allows the supervisor to edit the Inpatient Ward parameters. These parameters determine how the Inpatient Medications package will act, depending on the ward where the patient resides. You will encounter the following prompts in this option:

“DAYS UNTIL STOP DATE/TIME:”

Enter the number of days (1-100) that an order will last.

“SAME STOP DATE ON ALL ORDERS:”

Answer **yes** (or **1**) if all of a patient's orders are to stop on the same date/time.

“TIME OF DAY THAT ORDERS STOP:”

Enter the time of day that orders stop for this ward (military time).

“DEFAULT START DATE CALCULATION:”

Enter **0** to use the closest admin time, **1** to use the next admin time, or **2** to use now as the default start time for orders.

“START TIME FOR 24-HOUR MAR:”

Enter the time of day (0001-2400) that the 24-Hour MAR (Medication Administration Record) is to start. Please use military time with leading and trailing zeros.

“LABEL FOR WARD STAFF:”

Enter any of the following codes to select when labels will print for ward staff:

- 0** No Labels
- 1** First Label On Order Entry/Edit
- 2** Label On Entry/Edit and Verification
- 3** First Label On Nurse Verification

If you enter **0** you will only be able to print labels at the end of order entry. No label record will be created, so you will not be able to print or reprint labels later.

“WARD LABEL PRINTER:”

Enter the device on which labels created by ward staff will be printed. If no device is entered, labels will not print automatically, but as long as a label record is created (see previous prompt) labels can be manually printed using *Label Print/Reprint* option.

“LABEL FOR PHARMACY:”

Enter any of the following codes to select when labels will print for pharmacy staff:

- 0** No Labels
- 1** First Label On Order Entry/Edit
- 2** Label On Entry/Edit and Verification
- 3** First Label On Pharmacist Verification

If you enter **0** you will only be able to print labels at the end of order entry. No label record will be created, so you will not be able to print or reprint labels later.

“PHARMACY LABEL PRINTER:”

Enter the device to which labels created by pharmacy staff will be printed. If no device is entered, labels will not print automatically, but as long as a label record is created (see previous prompt) labels can be manually printed using *Label Print/Reprint* option.

“LABEL ON AUTO-DISCONTINUE:”

Answer **yes** to have labels created when the patients' orders on this ward are auto-discontinued.

“MAR HEADER LABELS:

Enter **yes** if MAR header labels should be generated for this ward.

“DAYS NEW LABELS LAST:”

Any new labels older than the number of days specified here will automatically be purged. Enter a whole number between **0** and **35**.

“MAR ORDER SELECTION DEFAULT:”

Enter the number corresponding to the type of orders to be included on MARs and the Medications Due Worksheet printed for this ward. Multiple types (except 1) may be selected.

“PRINT PENDING ORDERS ON MAR:”

Enter YES to include the pending orders that were acknowledged by a nurse on the MARs and the Medication Due Worksheet.

“ ‘SELF MED’ IN ORDER ENTRY:”

Answer yes to have the prompts for patient self-medication included in the order entry process.

Systems Parameters Edit [PSJ SYS EDIT]

The PHARMACY SYSTEM file (#59.7) allows a hospital to tailor various aspects of the Unit Dose module that affect the entire medical center. Currently the following fields can be edited by using the *Systems Parameters Edit* option.

“NON-FORMULARY MESSAGE”:

This is a message that will be shown to non-pharmacists when they order a patient a non-formulary drug (a drug that is not currently stocked by the pharmacy). This is typically a warning and/or a procedure the non-pharmacist user must follow before the pharmacy will dispense the non-formulary drug. The message will show exactly as entered here.

“PRINT 6 BLOCKS FOR THE PRN MAR”

This field is used to indicate if 4 or 6 blocks are to be used for ONE-TIME/PRN orders on the 7/14 DAY MAR ONE-TIME/PRN SHEET. The 7/14 DAY MAR ONE-TIME/PRN SHEET will print 4 blocks if this field is not set to **yes**.

CHOOSE FROM:

1 YES

“PRINT DIET ABBR LABEL ON MAR: YES//”

If this field contains a 1 or Yes, the Dietetics Abbreviated Label will be printed on the MAR

“ATC SORT PARAMETER:”

This parameter allows sending of the Pick List to the ATC machine by ATC mnemonic within Patient (as in versions of Inpatient Medications thru 4.0), or else by admin time within patient.

CHOOSE FROM:

0 ATC MNEMONIC

1 ADMIN TIME

“ALLOW THE CHANGE OF ORDER TYPES ON ORDERS FROM OERR:
YES//”

This field is a site parameter that will allow the pharmacist to change the type of order from what is received from OERR. If this field is set to yes, it will be possible to change the order type on orders where the Orderable Item has data in the CORRESPONDING IV ITEM field for unit dose orders or data in the CORRESPONDING UD ITEM for IV orders.

“IV IDENTIFIER: FOR IV ORDERS//”

“Text entered here will be displayed when selecting Orderable Items through CPRS.”

Example: Systems Parameters Edit

Select PARameters Edit Menu Option: Systems Parameters Edit

NON-FORMULARY MESSAGE:

1>**ENTER YOUR MESSAGE HERE**

PRINT 6 BLOCKS FOR THE PRN MAR: Y YES

PRINT DIET ABBR LABEL ON MAR: Y YES

ATC SORT PARAMETER: ADMIN TIME// 1 ADMIN TIME

ALLOW THE CHANGE OF ORDER TYPES ON ORDERS FROM OERR: YES

// **<RET>**

IV IDENTIFIER: FOR IV ORDERS// ?

Answer must be 1-30 characters in length.

IV IDENTIFIER: FOR IV ORDERS// **<RET>**

PATient Order Purge

[PSJU PO PURGE]

When executed, this option will start a background job to delete all orders for patients that have been discharged before or on the user-specified date. This option does not affect orders for currently admitted patients.

Patient order purge looks at the earliest start date of the last Pick List that has not been filed away and lets you purge orders three days before that start date.

This option is *very* CPU-intensive, and should be queued to run at a time of day when the fewest users are on the system, such as on a weekend. You should only purge *several months* of data at one time.

Pick List Menu

[PSJU PL MENU]

This option is used to control deletion of a pick list, auto purging parameters, and the physical purging of pick lists.

Options available are:

Delete a Pick List

[PSJU PLDEL]

This option is used to delete the most recent pick list that has been run, but not filed away, for a ward group. Please note that if the user deleting the pick list is not the user who created it, a MailMan message is sent to all users with the PSJU MGR key.

Pick List Auto Purge Set/Reset

[PSJU PLAPS]

This option allows the user (coordinator/supervisor) to start and stop the daily automatic deletions of pick lists that have been filed away. The user can specify the number of days (1-90) the pick lists remains in the computer. To have the computer stop automatically deleting pick lists, delete the entry here.

Purge Pick Lists

[PSJU PLPRG]

With this option, the user (coordinator/supervisor) can manually delete or purge all pick list that are filed away and have a start date earlier than the date entered in this option.



Note: Purging pick lists will not purge the statistics extracted from them when they are filed. That data is stored elsewhere when the pick lists are filed.

Ward Groups

[PSJU EWG]

The Unit Dose module makes use of wards as they are defined in the MAS WARD LOCATION file (#42). The module allows you to group the wards (Ward Group) together in various orders to facilitate the preparation of reports and other functions. The *Pick List* option requires the use of Ward Groups. The *Ward Groups* option allows the package coordinator to name the Ward Groups, and enter or edit data in the WARD GROUP file (#57.5). The name given each Ward Group is an arbitrary choice that can be from 1 to 20 characters long.

When each Ward Group is created, you will be prompted to assign a type to the Ward Group. The type is required, and cannot be edited, once chosen. (The Ward Group would have to be deleted if the type was no longer valid.) Pharmacy and MAS are the two types of Ward Groups you can choose. Pharmacy type Ward Groups are the only Ward Groups that can be selected by the *Pick List* options. Because of dose tracking and accountability, the same ward is not allowed in more than one Pharmacy type Ward Group. MAS type Ward Groups can be comprised of any wards grouped in any manner desired. Both MAS- and Pharmacy-type Ward Groups can be selected for the various other reports and functions.

Any number of wards (from File #42) can be entered into a Ward Group. A Ward Group need only have one ward in it.

SUPervisor's Menu (IV)

PSJI SUPERVISOR

This menu contains those options only available to the applications coordinator, including entering into the additive and primary solution files and setting up site parameters. The user may also generate the IV AMIS report and cost/usage reports, through the *Management Reports* option.

AUTO-Discontinue Set-Up

PSJ AC SET-UP

This allows the site to determine if patients' Inpatient Medications (IV and Unit Dose) orders are d/c'd when the patient is transferred between wards, between services, or to authorized absence.

The decision to discontinue Inpatient orders is determined by the site on a ward-by-ward and/or service-by-service basis. While this new process will entail extra set up on the site's part initially, it will allow the site almost complete control of the auto-discontinue process.

The set up for this process involves three main steps:

1. Choose or reject Auto-Discontinue for all wards: If your site wished to have Inpatient orders discontinued on all or most ward transfers, you can have the module automatically set up all wards as FROM and TO wards for you, saving some time. If you choose to do this, even wards currently marked as inactive will be included. If you choose to do so, you can still delete, edit, or add FROM and TO wards at any time. See step 2C for further information.
2. Ward transfers: Select a FROM ward. This is a ward from which a patient may be transferred. For each FROM ward, you can:
 - A. Select an ON PASS action This is the action the Inpatient Medications package will take on a patient's orders whenever the patient is transferred from the selected FROM ward to authorized absence less than 96 hours (known as ON PASS). The possible actions are:
 - discontinue the order
 - place the orders on hold
 - take no action

- B. Select an **AUTHORIZED ABSENCE** action. This is the action the Inpatient Medications package will take on a patient's orders whenever the patient is transferred from the selected FROM ward to authorized absence greater than 96 hours. The possible actions are:
- discontinue the orders
 - place the orders on hold
 - take no action
- C. Select an **UNAUTHORIZED ABSENCE** action. This is the action the Inpatient Medications package will take on a patient's orders whenever the patient is transferred from the selected FROM ward to unauthorized absence. The possible actions are:
- discontinue the orders
 - place the orders on hold
 - take no action
- D. Select the **TO** wards. Whenever a patient is transferred from the selected FROM ward to any of the selected TO wards, the patient's IV and Unit Dose orders will be discontinued. For example, if 1 NORTH is selected as a FROM ward and 1 SOUTH is selected as a TO ward, any time a patient is transferred from 1 NORTH to 1 SOUTH, the patient's Inpatient orders will be canceled.
- 3. Service transfers:** Select a FROM service. This is a service from which a patient may be transferred. For each FROM service, you can select the TO services. Whenever a patient is transferred from the selected FROM service to any of the selected TO services, the patient's IV and Unit Dose orders will be discontinued. For example, if MEDICINE is selected as a FROM service and ICU is selected as a TO service, any time a patient is transferred from medicine to ICU, the patient's Inpatient orders will be discontinued.

This process is also one way only. For example, if your site also wants orders to be discontinued whenever a patient is transferred from ICU to MEDICINE, you will have to enter ICU as a FROM ward and then enter MEDICINE as one of its TO services.

If all of your wards are set for auto-discontinue, it is not necessary to enter services.

COmpile IV Statistics (IV)

[PSJI COMPILE STATS]

Statistical data is stored in a holding area each time a label is printed. The [PSJI BACKGROUND] option and this option both merge the information into the IV STATS file (#50.8) and delete any data which is older than the age specified in the site parameter, DATS TO RETAIN IV STATS. This will be a number between 100 and 2000 days. If no entry is made for this parameter, this number will default to 100 days. This option is a menu option that allows the job to be started manually in cases where the data must be compiled before the automatic background job [PSJI BACKGROUND] runs that night.

We suggest that the [PSJI BACKGROUND] option be set up to run nightly to ensure that your IV STATS file is kept up-to-date. The reports which capture data from the IV STATS file do not include any information waiting to be merged from the holding area. Contact your IRM Chief or Site Manager to have this task scheduled.

Management Reports (IV)

[PSJI MANAGEMENT REPORTS]

This option allows you to print reports from data compiled by the IV module. Access to this option is restricted to users with the PSJI MGR security key. Those reports requiring 132 column paper are so noted in the menu options. If no paper width is indicted, standard 80 column width is assumed.

ACtive Order Report by Ward/Drug (IV)

[PSJI AOR]

This report allows you to capture all active orders that exist for a specific ward, broken down by drug. At the "Select Ward" prompt, you can select a specific ward, Outpatient IVs (by entering ^OUTPATIENT), or all wards (by entering ^ALL). At the "Select DRUG" prompt, you can select a specific drug, or all drugs (by entering ^ALL).

AMIS (IV)

[PSJI AMIS]

The Automated Management Information System (AMIS) report captures the IV work load of the pharmacy by ward. Only those wards with a dispensing amount will be included. You will be prompted to select a start date and a stop date to set the timespan for which the costs will be calculated.

Note: Canceled, recycled, or destroyed IV bags are not subtracted out of the total bag count on the AMIS report

Drug Cost Report (132 COLUMNS) (IV)

[PSJI DRUG COST REPORT]

This report captures the total dispensing cost for an IV drug. You are asked to select a start date and a stop date to set the timespan for which the costs will be calculated. Before you are asked to select a start date, the computer gives the date of the oldest cost data on file for the IV room you are in. Once you enter a stop date and select the type of cost report (regular or condensed), you are asked to enter a drug name. You can select a specific drug, all drugs (by entering ^ALL), all non-formulary drugs (by entering ^NON), a category of drugs (by entering ^CAT), a VA drug class (by entering ^VADC), or an IV drug administration type, such as piggyback or syringe (by entering ^TYPE); or you can request a high/low drug cost report (by entering ^HIGH). You are then asked if the report should include patient data. If you have selected a regular (non-condensed) report, you are also asked if the report should include ward data.

The Drug Cost Report includes bag and cost summaries at the end of the report, as well as the grand total costs for dispensed, destroyed, recycled, and canceled IV bags. Total drug units and total drug costs are listed for each drug in the report.

The following formulas are used to calculate the results in the Bag and Cost Summaries:

Bag Summary

% Destroyed = (Grand Total Destroyed/Grand Total Bags Dispensed) * 100%

% Recycled = (Grand Total Recycled/Grand Total Bags Dispensed) * 100%

% Canceled = (Grand Total Canceled/Grand Total Bags Dispensed) * 100%

Cost Summary

% Destroyed = (Grand Total Destroyed/Grand Total Bags Dispensed) * 100%

% Recycled = (Grand Total Recycled/Grand Total Bags Dispensed) * 100%

% Canceled = (Grand Total Canceled/Grand Total Bags Dispensed) * 100%

Note: Grand Total Column for bags is not shown in the drug cost report. All summaries are in relation to Dispensed Bags and Dispensed Cost.

Additional Computations in Drug Cost Report

Each drug in the drug cost report is broken down by wards. The Total Drug Units for each drug is calculated using the following formulas:

Total Drug Units = Total Drug Units Dispensed – Total Drug Units Recycled – Total Drug units Canceled.

Total Drug Cost = Total Drug Cost Dispensed – Total Drug Cost Recycled – Total Drug Cost Canceled.

Total Bags for Drug = Total Bags Dispensed – Total Bags Recycled – Total Bags Canceled.

Grand Total Cost = Grand Total Cost Dispensed – Grand Total Cost Recycled – Grand Total Cost Canceled.

PCR Patient Cost Report (132 COLUMNS) (IV) **[PSJI PATIENT COST]**

This report captures the total IV dispensing cost for a patient. You are asked to select a start date and a stop date to set the timespan for which the costs will be calculated.

PSD Patients on Specific Drug(s) **[PSJ PDV]**

This report lists patients on specific primary drug(s), dispense drug(s), or VA class(es) of drugs. If more than one of these drugs is chosen, only patients with orders containing all the drugs or classes will be shown. The user may choose to list all orders, only IV orders, or only Unit Dose orders.

The user is first prompted for the start and stop dates. Orders that are active between these two dates will be listed on the report. The user then has the choice to see only IV orders, only Unit Dose orders, or both IV and Unit Dose orders. These orders may be sorted by patient name or by the start date of the orders. The user must choose whether they wish to sort by Orderable Item, dispense drug, or VA class of drugs. After this selection, the user may choose one or multiple drugs or classes. If a single drug or class is chosen, the orders for that drug or class will be listed. If multiple drugs or classes are chosen, the patient must have an order for each of the drugs or classes for the patient and the orders to be printed.

An example: Patient A has an order for ACETAMINOPHEN, Patient B has an order for ASPIRIN, and Patient C has orders for both ACETAMINOPHEN and ASPIRIN. If the user chooses two Orderable Items (ACETAMINOPHEN and ASPIRIN), only Patient C's orders for these two drugs would be printed.

PROVIDER DRUG COST REPORT (132 COLUMNS) (IV) **[PSJI PROVIDER REPORT]**

This report captures the total IV dispensing cost for a provider. You are asked to select a start date and a stop date for which the costs will be calculated. A specific provider can be selected or you can choose to capture data for all providers. You are then prompted to select one drug, ^ALL for all drugs, ^NON for non-formulary drugs only, ^CAT for category of drugs, or ^VADC for a VA drug class. A regular or condensed version of this report may be generated. The condensed version is listed in an 80 column format, and includes IV room, provider name, and the total dispensing cost for the provider.

WARD/DRUG USAGE REPORT (132 COLUMNS) (IV) **[PSJI WARD/DRUG USAGE REPORT]**

This report captures the total IV dispensing cost for a drug, broken down by ward. You are asked to select a start date and a stop date for which the costs will be calculated. After that you must select a specific drug, ^ALL to capture data for all drugs, ^NON to capture data for all non-formulary drugs, ^CAT to capture data for a category of drugs, or ^VADC to capture data for a specific VA drug class. At the "Select WARD" prompt, you can enter the name of a specific ward, enter ^ALL for all wards, or enter ^OUTPATIENT for the outpatient orders only.

PURGE DATA (IV) **[PSJI PURGE]**

This option allows you to purge orders using one of two suboptions shown below. You must hold the PSJI PURGE key to enter this option

DELETE ORDERS (IV) **[PSJI DELETE ORDER]**

This option allows the deletion of IV orders for a specific patient. This option should only be used if an order has been entered for the wrong patient. The deletion of IV orders will only take place if there were no labels printed on that order!

Note: Notice that the number shown on the patient profile under the # symbol is only a reference number. That number is NOT the internal order number of the order. The reference numbers will always be from one (1) to the number of orders you have entered for that patient. The internal order numbers may be quite large, since each order in the system has a unique internal order number.

Purge Expired Orders (IV) **[PSJI PURGE ORDERS]**

This option will allow you to purge all Expired and Discontinued IV orders that have been inactive for at least 30 days. Any orders that are purged from the database cannot be retrieved. You are required to enter a date, and all IV orders which have been discontinued before that date entered will be deleted. Orders which have an expiration date after the date entered will remain on file. Orders that have been inactivated less than 30 days cannot be purged.

Note: A large volume of orders are entered (and expire) in the IV module. Therefore, this option should be run at least once a month. This will speed up module operation because obsolete orders will not have to be compiled.

Recompile Stats File (IV) **[PSJI RECOMPILE]**

Costs can be changed in the IV STATS file (#50.8) dispensed in the past by using this option. The AVERAGE DRUG COST PER UNIT field in the IV ADDITIVES (#52.6) or IV SOLUTIONS file (#52.7) must have been edited (by using *the Edit Drug Cost (IV)* option) for the new cost to appear. You must enter a start date (date that the changed cost went into effect) and an ending date (last date changed cost should be in effect). You can choose to update a specific drug or enter several drug names separated by a comma(.). After the dates and drug(s) have been entered, the editing of the IV STATS file (#50.8) runs as a background job.

Site Parameter (IV) **[PSJI SITE PARAMETERS]**

This option allows the application coordinator to define the characteristics of the IV room and satellites to the module. Such things as manufacturing and delivery times, label size, and same day expiration are identified. This information is stored in the IV ROOM file (#59.5). You must define at least on IV room in order for the IV module to function correctly. You can, at any time, alter the definition of your IV room.

Glossary

Action Prompt

There are two types of “Action” prompts that occur during order entry. One type of requesting action on the order is the standard ListMan action prompt. The choices are listed in the footer of the ListMan screen. The following actions are valid

PU	Patient Record Updates
DA	Detailed Allergy/ADR List
VP	View Profile
NO	New Orders Entry
IN	Intervention Menu
PI	Patient Information
SO	Select Order
DC	Discontinue
ED	Edit
VF	Verify
HD	Hold
RN	Renew
AL	Activity Logs
OC	On Call
+	Next Screen
-	Previous Screen
UP	Up a Line
DN	Down a Line
>	Shift View to Right
<	Shift View to Left
FS	First screen
LS	Last Screen
GO	Go to Page
RD	Re Display Screen
PS	Print Screen
PL	Print List
SL	Search List
Q	Quit

ADPL	Auto Display (on/off)
MAR	MAR Menu
LBL	Label Patient/Report
OTH	Other Pharmacy Options
JP	Jump to a Patient
CO	Copy

Active Order

Any order which has not expired or been discontinued. Active orders also include any orders that are on hold or on call.

Activity Reason Log

The complete list of all activity related to a patient order. The log contains the action taken, the date of the action, and the user who took the action.

Administration Schedule File

File #51.1. This file contains administration schedule names and standard dosage administration times. The name is a common abbreviation for an administration schedule type (e.g., QID, Q4H, PRN). The administration time is entered in military time, with each time separated from the next by a dash, and times listed in ascending order.

Administering Teams

Nursing teams used in the administration of medication to the patients. There can be a number of teams assigned to take care of one ward, with specific rooms and beds assigned to each team.

Average Unit Drug Cost

The total drug cost divided by the total number of units of measurement.

CPRS

A **VISTA** computer software package called Computerized Patient Record Systems. CPRS is an application in **VISTA** that allows the user to enter all necessary orders for a patient in different packages from a single application. All non-verified orders that appear in the IV module are initially entered through the CPRS package.

Default Answer	The most common answer, predefined by the computer to save time and keystrokes for the user. The default answer appears before the two slash marks (//) and can be selected by the user by pressing the Return key.
Dispense Drug	The Dispense Drug name has the strength attached to it (e.g., Acetaminophen 325 mg). The name alone without a strength attached is the Orderable Item name.
Dosage Ordered	After you have selected the drug during order entry, the dosage ordered field is asked next. You should only answer this field if the actual dosage or strength ordered is different from the available drug choices.
Hospital supplied Self Med	Self med which is to be supplied by the Medical Center's pharmacy. Hospital supplied self med is only prompted for if the user answers yes to the "SELF MED" prompt during order entry.
Label Device	The device, identified by the user, on which computer-generated labels will be printed.
Medication Administering Team File	The Medication Administering Team file (#57.7), contains wards, the teams used in the administration of medication to that ward, and the rooms/eds assigned to that team.
Medication Instruction File	The medication Instruction file (#51) is used by Unit Dose and Outpatient Pharmacy. It contains the medication instruction name, expansion, and intended use.
Medication Routes File	File #51.2 contains medication route names. You can enter an abbreviation for each route to be used at your site. The abbreviation will most likely be the Latin abbreviation for the term.
Medication Routes/ Abbreviations	Route by which medication is administered (e.g., oral). The MEDICATION ROUTES file (#51.2) contains 51 pre-supplied routes. Abbreviations are selected by each VAMC. The abbreviation cannot be longer than five

characters to fit on labels and the MAR. You can add new routes and abbreviations as appropriate.

Non-Formulary Drugs

Drugs that are not available for the use of all physicians.

Non-Verified Orders

Any order that has been entered in the Unit Dose module that has not been verified (made active) by a nurse and/or pharmacist. Ward staff may not verify a non-verified order.

Orderable Item

An Orderable Item name has no strength attached to it (e.g., Acetaminophen). The name with a strength attached to it is the Dispense drug name (e.g., Acetaminophen 325mg).

Order Sets

An Order Set is a set of N pre-written orders. N orders indicate that the number of orders in an Order Set is variable. Order Sets are used to expedite order entry for drugs that are dispensed to all patients in certain medical practices and procedures.

Patient Profile

A listing of a patient's active and non-active IV orders. The patient profile also includes basic patient information, including the patient's name, social security number, date of birth, diagnosis, ward location, date of admission, reactions, and any pertinent remarks.

Pending Order

A pending order is one that has been entered by a clinician through CPRS without Pharmacy completing the order. Once Pharmacy has completed the order, it will become active.

Prompt

A point at which the computer questions the user and waits for a response.

Provider

Another term for the physician involved in the prescription of an IV or Unit Dose order for a patient.

PSJI MGR

The primary menu option that must be assigned to pharmacists, supervisors, and IV pharmacy

application coordinators. Also, the key that must be assigned to the application coordinator, enabling him or her to access the *SUPervisor's Menu*.

PSJI PURGE

The key that must be assigned to individuals allowed to purge expired IV orders. This person will most likely be the IV application coordinator.

PSJI USR1

The primary menu option that must be assigned to nurses.

PSJI USR2

The primary menu option that must be assigned to technicians.

PSJ PHARM TECH

The name of the key that must be assigned to pharmacy technicians using the IV module.

PSJ RNURSE

The key that identifies the user as a nurse.

PSJ RPHARM

The key that identifies the user as a pharmacist.

Report Device

The device, identified by the user, on which computer-generated reports selected by the user will be printed.

Schedule (SCH)

The frequency of administration of a medication (e.g., QID, QD, QAM, STAT, Q4H).

Schedule Type (ST)	Codes include: O - one time (i.e., STAT - only once), P - PRN (as needed; no set administration times). C - continuous (given continuously for the life of the order; usually with set administration times). R - fill on request (used for items that are not automatically put in the cart - but are filled on the nurse's request. These can be multidose items (e.g., eye wash, kept for use by one patient and is filled on request when the supply is exhausted). And OC - on call (one time with no specific time to be given, i.e., 1/2 hour before surgery).
Self Med	Medication which is to be administered by the patient to himself.
Standard Schedule	Standard medication administration schedules stored in the ADMINISTRATION SCHEDULE file (#51.1).
Status (STAT)	A - active, E - expired, R - renewed (or reinstated), D - discontinued, H - on hold, I - incomplete, or N - non-verified.
Stop Date/Time	The date and time that orders stop.
Stop Order Notices	A list of patient medications which are about to expire and may require action.
Syringe	Type of IV that uses a syringe rather than a bottle or bag. The method of infusion for a syringe-type IV may be continuous or intermittent.
Syringe Size	The syringe size is the capacity or volume of a particular syringe. The size of a syringe is usually measured in number of cubic centimeters (ccs).
Units per Dose	The number of Units (tablets, capsules, etc.) to be dispensed as a Dose for an order. Fractional numbers will be accepted.
VA Drug Class Code	A drug classification system used by VA that separates drugs into different categories based

upon their characteristics. IV cost reports can be run for VA Drug Class Codes.

Ward Group File

The WARD GROUP file (#57.7) contains the name of the ward group, and the wards included in that group. The grouping is necessary for the pick list to be run for specific carts and ward groups.

Ward Group Name

An arbitrarily chosen name used to group wards for the pick list and medication cart.

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